HOMELESSNESS IN NEW JERSEY

A STUDY OF SHELTERS, AGENCIES AND THE CLIENTS THEY SERVE

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Definitions and Abbreviations

Definitions

For the purposes of this report, the following definitions apply:

Client Family Unit	All client family types from single person families to multi-person family groups.
Generic Shelter	An emergency shelter serving a more general population that may include men, women or families.
Homeless	Person(s) temporarily or permanently without shelter who approached agencies or resided at shelters between 12:01 to 12 midnight on January 22, 1986. Also includes those without shelter on active agency caseloads for that day.
Imminently Homeless	Person(s) receiving cash or services from agencies to prevent a loss of existing shelter.
Private Provider	A privately funded, non-profit agency that provides various social services to homeless clients.
Specialized Shelter	A shelter serving a specific client population, such as battered women, runaway youth or substance abusers.

Abbreviations

AFDC	Aid to Families with Dependent Children
BREQA	Bureau of Research, Evaluation and Quality Assurance (of the Division of Youth and Family Services)
CBSS	County Board of Social Services
CMHC	Community Mental Health Center
DHS	Department of Human Services (New Jersey)

DMHH	Division of Mental Health and Hospitals (New Jersey)
DPW	Division of Public Welfare (New Jersey)
DYFS	Division of Youth and Family Services (New Jersey)
GA	Government Assistance (Municipal Welfare)
HUD	Housing and Urban Development (U.S. Department of)
MWB	Municipal Welfare Board
SSI	Supplemental Security Income

Executive Summary

This report presents findings from two studies conducted by staff of the Division of Youth and Family Services (DYFS), Bureau of Research, Evaluation and Quality Assurance (BREQA) during October, 1985 and January, 1986. The first study collected descriptive information about emergency shelter operations; the second study generated a statewide profile of shelter residents and those who approached various state and local agencies (such as Municipal Welfare Boards and private, non-profit agencies) for help regarding problems related to homelessness.

The October survey of shelter operations found that:

- 1,472 persons reportedly can be sheltered overnight;

- from January through October, the emergency and specialized shelters in the state provided more than 61,000 person-nights of shelter;

- homeless persons or families were turned away from shelters on approximately 4,500 occasions, mostly for lack of space or for inappropriate referral, i.e., non-domestic violence cases sent to battered women's shelters, non-substance abusers sent to detox centers, etc.;

- the shelter system is overwhelmingly staffed by part-time workers and volunteers; many shelters cannot afford to stay open all year, although there is a need to do so;

- an average of 20% of all generic (or emergency) shelter residents are reported by shelter operators to be current clients of the N.J. Division of Mental Health and Hospitals;

- many shelters choose not to admit those who are mentally disabled and exhibit aggressive, or what they consider to be, inappropriate behavior; and

- referral to local, county and state agencies results, on average in clients' needs being 'well met' (as perceived by the shelter operators surveyed) only approximately 50% of the time.

Major findings from the January 22, 1986 study of persons served or asking for help from public and private agencies and shelters revealed that:

- a minimum of 16,493 social service actions occurred on the study date affecting homeless and imminently homeless persons;

- 1282 homeless persons were at the forty-five shelters, 2966 persons approached the thirty-three cooperating private providers and the one-hundred sixty responding agencies for assistance; 12,245 persons were on county, municipal and state agency caseloads with problems related to homelessness. Fifty-five percent of these individuals were children. These may not be unduplicated counts of individuals (for example a person may have requested agency assistance and been admitted to a shelter during the same twenty-four hour period studied);

- shelters accommodate unaccompanied adults, usually males;

- single parent, female-headed families make up 49% of those served by the agencies; 13% of the family units at shelters were single parent, female-headed families; agencies tend to service families.

- most shelter residents, adults and children, are male, and non-white;

- fourteen percent of all family units with children served by the agencies were referred to emergency shelters; the remainder were maintained in their current housing situation, placed in rooming homes, boarding homes, motels, private homes or institutions;

- blacks, hispanics and veterans are disproportionately overrepresented in the shelter population;

- seeking shelter and services for conditions of homelessness is a local circumstance; 77% of the shelter population and 82% of agency clients come from either that city or that county;

- surprisingly, roughly one-half of agency clients and 47% of shelter residents -- do <u>not</u> receive any of the following types of public assistance, municipal welfare, county welfare or SSI;

- eviction by a landlord is the single most prominent reason for homelessness;

- there were 14,447 persons temporarily or permanently without shelter (or receiving cash or services to prevent loss of existing shelter) <u>active</u> on State, County Municipal or private provider caseloads; 58% of these were children;

- twenty-nine percent of all family units residing at the shelters reported one or more mental health-related factors affecting an individual or an accompanying family member;

- within the groups reporting mental health factors, 36% had been institutionalized for mental health reasons in the last year; one-half were using medication and three-quarters had visited a community mental health center during the last year;

- forty-eight percent of those reporting a mental health-related factor had previously been in an emergency shelter within the last year, as compared to 31% of those not reporting such factors; and

- thirty-three percent of all homeless children on the active homeless caseloads were reported by DYFS as currently being placed in foster care partially or totally due to inadequate housing; this represents 18% of the entire DYFS foster care caseload in placement as of January, 1986.

Introduction

This report presents findings from two studies conducted in the fall and winter of 1985-1986. Included here are:

- the results of a mailed survey of shelter operators conducted in October, 1985; and
- the findings from a major research project that involved all of New Jersey's emergency shelters and most of its social service networks in a "snapshot" of service provision during one day in winter, January 22, 1986.

Called the 'Homelessness Research Project,' these studies, conducted by staff of the New Jersey Division of Youth and Family Services' Bureau of Research, Evaluation and Quality Assurance in cooperation with the Department of Human Services, are part of continuing research efforts authorized by the New Jersey Department of Human Services.

This first phase of the research endeavor was designed to be exploratory in nature -- the first steps in a process of providing administrators and legislators with the data needed to make informed judgements and funding decisions. Information contained herein was gathered from most of New Jersey's homeless and battered women's shelters, all County Boards of Social

Services, all offices of the Division of Youth and Family Services, and from samples of the State's various Municipal Welfare Boards and private non-profit providers. The successful completion of this research project is a direct result of the kind cooperation and involvement of the operators, managers, directors and staff of these organizations.

This research project, then, focuses on a 'captive audience,' shelter residents and those homeless (or imminently homeless) persons served by agencies. It does not address the untold numbers of unfortunate people who reside in the streets.

I. Survey of Shelter Operators

A. Summary

In 1985, virtually all of New Jersey's thirty-five specialized and emergency shelters operated year-round, with most open 24 hours a day. Statewide, these shelters could house about 1,500 persons daily, providing over 61,000 person-nights of shelter for the year. Just less than two-fifths of the shelters (mostly generic shelters) were at capacity for 200 or more days during the study period. Homeless persons or families were turned away from shelters on approximately 4,500 occasions, mostly due to lack of space or inappropriate referral. These two issues are of major concern to the already overburdened battered women and detox shelters. They are not able to provide a 'back-up' to the currently inadequate emergency shelter system.

More, apparently out of concern for the safety of other residents, some homeless individuals suffering from mental health, substance abuse or serious behavior problems have been denied admission to, or are normally excluded from, some shelters. These individuals are falling through the cracks of a shelter system that is confronted with a myriad of human service problems that range from personal misfortune through financial crisis to blatant societal neglect.

This shelter system is overwhelmingly staffed by part-time workers and volunteers. They are forced to seek funding from a variety of available sources, and some rely mainly on their

ability to raise funds through the collection and resale of used clothes and furniture. Several close their doors in the warmer weather, not due to a lack of clientele, but because of a need to prioritize the use of scarce funds. The result of these choices should be obvious: people must live on the streets.

One shelter operator reports that an entire community of homeless persons exists in an abandoned silk mill in Paterson. Some of them utilize the shelter in winter, but when the shelters close, the silk mill becomes home again for these persons. Dealing with a problem that is statewide, at least, albeit national in scope, these shelters must respond locally. Generic shelters, also known as emergency shelters, assume major responsibility, not only for the emergency care of homeless persons, but also in the acquisition of funds that allows them to perform this task. Of the twelve shelters who get 41% or more of their funding from the State government, only two are generic shelters.

Meanwhile, through the doors of these shelters stream a heterogeneous population of the poor, the evicted, the abused, the mentally ill, single parent families, veterans and substance abusers. All identifiable as homeless, but also all a diverse population, confronting a myriad of individual personal problems that require creative human service solutions and bold governmental action to solve complex housing and employment problems.

B. Methodology

A mailed survey of New Jersey's shelter operators was sent to all generic and specialized shelters on October 28, 1985. At that time, 30 generic (basically emergency) shelters were functional; there were also 21 specialized (domestic violence, runaway or detox) shelters that were part of the study. Eighteen (60%) generic and 17 (81%) specialized shelters ultimately returned completed questionnaires for an overall completion rate of 68%.

The operator's survey included basic questions about:

- shelter operation and hours;
- capacity and populations served; and
- staffing and funding.

It also requested information on services and referrals provided to homeless clients, and on the willingness and ability of the shelter residents to act on referrals. Data on shelter interaction with various state, county and local governmental agencies were also collected.

C. Shelter Operations

Tables 1-7 present an overview of shelter operations as reported in the October, 1985 survey. In Table 1, 31 or approximately 90%, of the shelters reportedly operate year-round; most of these are open 24 hours a day. The report of the total number sheltered in 1984 and 1985 is difficult to interpret.

Given the diverse intake procedures used by the shelters and their varying methods of counting residents, these figures must be viewed with caution. That is, there may be a significant overlap due to the fact that some shelters discharge and readmit the same persons daily. Since beds were occupied, however, one could view these figures as representing nights of shelter provided during those years.

The figure for mean days at capacity (152) should be viewed as a lower bound estimate since the survey was received, and for the most part completed, by shelters sometime between the 300th day to the end of the calendar year. It should be noted that 13 of the 35 shelters (37%) reported being at capacity for 200 or more days during 1985; approximately 66% of the time. Eight of these were generic shelters. In an October, 1984 study of homelessness in New York State, researchers found the shelter occupancy rate to be 77 percent. (New York Department of Social Services). The U.S. Department of Housing and Urban Development, in a study conducted in 1984, found a seventy percent occupancy rate to be the national average (U.S. Department of Housing and Urban Development).

The reported figures for number of times shelters were forced to turn people away also indicates incidents as opposed to persons.* Although turning people away due to lack of space and inappropriate referral were mainly problems confronted by the specialized shelters, the 921 reported incidents of lack of space at the generic shelters also underscore the need for additional emergency shelter. More, the issue of inappropriate referral, in combination with inadequate space, puts the specialized shelters in double jeopardy. That is, lack of space is already a problem at the specialized shelters. They appear to be strained just in handling the specific clientele they are supposed to serve (battered women, substance abusers) and yet, homeless persons and families are being referred for beds they apparently do not have and cannot share.

Finally, there were over 660 incidents reported where persons were turned away for reasons other than space or inappropriate referral. These included turning away people for being intoxicated or under the influence of drugs, being abusive or threatening, being fugitives, or for having serious mental disorders.

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*As will be explained below, the size of family units residing at emergency shelters on 1/22/86 (including unaccompanied singles and families of all types) was 1.3 persons. By applying this figure to the 921 incidents of turning people away for lack of space, one could cautiously project that approximately 1,200 individuals could have been turned away for this reason.

The specialized shelters report 243 persons working full or part-time with an additional 145 volunteers (45% of total staff) involved in the operation of these shelters. This contrasts with the generic shelters which employ 220 persons and enlist the services of another 257 volunteers, 53% of their entire staff. Most of the shelters (29) report having some member of staff who is bi-lingual. Looking at the ratio between person-nights of shelter (61,121) and total shelter staff (865 workers and volunteers) results in a figure of 71 nights of shelter overseen by each staff person.

Table 2 gives an overview of both clients served and clients excluded from the shelters. The categories of persons served is not as exclusive as it appears in this table. That is, many shelters admit various combinations of client types; for example, single women along with single-parent and/or two-parent families. So, while single men are welcome in 14 of the shelters, many of these same shelters admit other client family types as well.

In addition, Table 2 depicts the response concerning the percentage of the 1985 shelter population that were also Division of Youth and Family Service (DYFS) or Division of Mental Health and Hospital (DMHH) clients. Here, the median percent of DYFS clients served in both the generic and specialized shelters is about the same (17-18%). Five shelters had no DYFS clients; the range for the other shelters is 3 to 81% of the client population.

The median percentage of DMHH clients found in the generic shelters is ten times higher than those found in the specialized shelters, 20% versus 2%, respectively. Seven shelters had no DMHH clients; the range for the other shelters is 1% to 100% (in one small shelter) of the client population.

For the most part, persons normally excluded from the shelters are those who either behave violently or are under the influence of drugs or alcohol. Of special concern here is the finding that 16 (46%) of the shelters report excluding those who are mentally disabled and exhibit aggressive or inappropriate behavior. The majority of these, however, are the specialized shelters. By way of comparison, in New York State during 1984, only 9% of the shelters reportedly excluded the mentally disabled (New York Department of Social Services).

The various funding sources, as reported by shelter operators, are summarized as Table 3. Again, individual shelters vary greatly in the percentage of funds they get from any of the sources listed in Table 3. Note that only about one-third of those shelters responding to this question get funds from either federal or municipal government sources. State and/or county governments provide the largest number of shelters with some percentage of their total funding. Data for New York State are comparable; here, 39% of shelter funds come from Federal or Municipal sources; in New York City, the figure is 63%. (New

York Department of Social Services). A majority of shelters also report getting funds from the United Way and from "other sources." These latter include receiving money from foundations, from sales of donated items through thrift stores or industrial work programs, or from fund raising through pledges or donations.

The shelter operators were asked to report the percent of homeless persons referred to them from various sources. From their responses, as presented in Table 4, it is clear that referrals came from a variety of agencies and organizations in variable amounts. Self-referral cuts across all percentage categories; in contrast, approximately one-half of those shelters responding report no referrals from state agencies or hot-lines. Most shelters do report getting up to one-fifth of their referrals from the police or from private and religious agencies. <u>The key referral sources, then, appear to be self-referral, private or religious agencies, the police and County Boards of Social Services</u>.

D. <u>Services Delivered Directly and Through Referral</u>

Table 5 lists information on various social and medical services available to shelter residents, either in the shelter or by referral. The rank order of those services most frequently provided in the shelters include showers, toiletries, meals, laundry and case management. Alcohol, drug abuse and mental

health services are most likely to be referred out, while medical services, housing searches, placements and employment/vocational counseling are most often provided through a combination of in-shelter and referral sources.

Shelter operators were questioned on the ability and willingness of shelter residents to follow-up on referrals. They were asked, first, to report the average number of residents that were not capable of following-up on referrals due to mental health, physical disabilities or substance abuse. In addition, they were asked about those not willing to follow-up due to personal choice or lifestyle; and finally, they were asked to estimate the percent of residents unable to follow-up on referrals due to complexities in the organization of the State's social service system.

In Table 6, the results of these questions are displayed, broken down by type of shelter. It should be noted that only 24 of the 35 shelter operators responded to these questions. Also, the percentage range of those incapable, unwilling or unable to follow-up on referrals varies so much by shelter that caution is urged in attempting to generalize these findings.

For the generic shelters, individual operators report anywhere from zero to sixty percent of their residents are not capable of following-up on referrals. This works out to a

conservative average of 7.5% of all emergency shelter residents statewide. The operators also estimate that an average of 20% of their residents are unwilling to follow-up on referrals due to personal choice or lifestyle. This figure seems to have been inflated due to a report from one shelter operator who claimed that 90% of the residents were unwilling to follow-up on referrals. Figures for the specialized shelters are also presented in Table 6 for review and comparison with the generic operations. Lastly, 15% are seen as being unable to follow-up due to organizational barriers in the State's social service system. Again, individual shelter estimates vary greatly here, from zero to fifty percent.

In 1983, the U.S. Department of Health and Human Services and Housing and Urban Development, in a report on Federal efforts regarding shelter needs of the mentally ill found that homeless people, particularly those with mental health related problems, need help in finding and qualifying for services and benefits. The report stated that:

> Among the problems are lack of knowledge of available resources, difficulty in sorting out services offered by different agencies, difficulties in dealing with "complex bureaucracies," lack of program coordination, stigma against mental illness in some programs, lengthy periods to determine eligibility, and lack of knowledge about application procedures and eligibility. (U.S. Department of Health and Human Services, 1983)

Shelter operators were provided with a list of sixteen local, county or state governmental agencies. Asked to list agencies they used for referrals of shelter residents, they also provided information indicating if such referrals generally resulted in the residents' needs being met. These questions were asked to determine if the shelter operators were aware of the various governmental agencies, to determine if they used them and to gauge their opinions on how well these agencies were meeting the needs of the shelter residents referred. These findings are reported as Table 7.

Virtually all of the shelters refer people to the local Municipal Welfare Boards, with only 55% of these operators reporting that such referrals generally result in their residents' needs being "well met." Most (80%) of the shelters also refer residents to Community Mental Health Centers (CMHCs) to the Division of Youth and Family Services and to local hospitals or clinics. Operators noted residents' CMHC service needs as 'well met' only 50% of the time. DYFS referrals received a 54% 'well met' rating, local hospitals, 64% (18 of 28 well met).

Large numbers of shelters (77%) also refer to County Boards of Social Services (CBSS) for income maintenance or emergency services with service needs reportedly 'well met' by approximately 60% of the shelters. On the other hand, shelter operators

identified HUD public housing, community development and HUD Section 8 Rental Assistance programs as those not meeting or barely meeting the needs of clients referred.

By way of summary, although shelter operators seem aware of many local, county and state social service agencies, there is room for greater involvement. More, from the perspective offered by these operators, virtually all of these agencies could improve their performance in meeting the needs of the homeless clients that are referred.

Relatedly, a number of shelter operators, when asked to comment on problems in the organization of the state's social service system, pointed to many problems and verbalized much frustration. They pointed to "confusing red tape," while encouraging agencies to "remember, these are immediate need clients." Another operator reported "constantly following-up on referrals while the client is in shelter." She writes: "DYFS is a more difficult agency system to negotiate." Another writes:

> "We make every effort to work within the system and with the workers in the system. This is why we experience few problems in making referrals. We realize the limits and make realistic goals in treatment plans."

For another:

> "[A] major problem encountered all too frequently is caseloads of DYFS social workers. With heavy caseloads, caseworkers are unable to visit or communicate regularly with the clients that are in the shelter setting. Additionally, with heavy caseloads, caseworkers are not able to place a youth quickly due to the sheer volume of process and paperwork alone."

Several operators pointed to the problem of waiting lists for housing (up to 3-4 years in some cases) and the lack of emergency shelters. One operator angrily reported:

> "The welfare system is very poor, a client must find his own room before reporting to [municipal] welfare -- no assistance from welfare staff, who treat clients like animals."

Another, speaking specifically about the attitude of their local governments wrote:

> "They give no assistance or cooperation at all. No regard for the homeless or alcoholic/drug person."

A couple of operators see the social service network as fragmented and/or acting in its own self-interest:

> "Overall most systems seem to pass the buck (responsibilities) off to local agencies. In turn, local agencies sometimes do the same thing. I believe this is caused by the fragmentation of the overall system."

> "A truly county emergency assistance system must be developed [with] a system of accountability to avoid 'not in my back yard syndrome' in the community and turf behavior of many social service agencies."

Other operators, looking beyond social service organizational problems, offered these insights:

> "The overburdened prevention and long-term assistance programs cannot adequately meet the needs of our clients in our area. Housing is the primary problem faced. Cost and availability are the main factors."

> "Beyond the social service is a more fundamental problem - lack of affordable housing. You can provide the best services, but if the external environments and other resources are not available, the effect of your work may be minimized."

II. January 22, 1986 Survey

A. Methodology

On January 22, 1986, all DYFS District Offices, County Boards of Social Services, all generic and specialized shelters, and samples of 70 Municipal Welfare Boards and 42 private, non-profit service providers participated in a two-pronged research effort on service provision to homeless persons. The purpose of this effort was to generate a profile of homeless and imminently homeless persons and a "snapshot" of services provided to them.

The Municipal Welfare Board (MWB) sample was chosen on the basis of a list of 461 local offices made available by the New Jersey Division of Public Welfare (DPW). The DPW list demonstrated that four offices (Newark, Camden, Jersey City and Trenton) handled 60% of the entire MWB caseload as reported for July, 1985. These four offices were automatically selected as survey sites. A sample of 66 other MWB offices was also randomly selected, by county, to provide a statewide overview of MWB handling of homeless cases. (See Appendix C).

The private non-profit providers' list was not selected using standard sampling techniques. Rather, the twenty-one New Jersey Department of Human Services Representatives, were asked to provide a list of two or three major provider agencies per county. These providers, known to service homeless persons, were then asked to participate in the January 22, 1986 survey.

All agencies and providers were asked to:

a) complete an intake form for any individual or family NOT on the active caseload who approached them with problems related to homelessness between 12:01 a.m. and 12 midnight on Wednesday, January 22, 1986; and, if applicable,

b) provide information on all other persons on their respective active caseloads who were temporarily or permanently without shelter, or were receiving cash or services to prevent a loss of existing shelter.

Three forms were designed to be used by these various agencies: a Caseworker Log, for information on current, active caseloads; an Agency Intake Form, for persons and families not on caseloads, approaching all the public agencies and the private providers; and a Shelter Intake Form, for use by the generic and specialized shelters.

The Agency and Shelter Intake Forms were very similar in design and composition. They both were used to collect information on client type (unaccompanied persons and various one or two-parent families), various demographic information, primary and secondary reasons for homelessness, information on prior homelessness or institutionalization, and, in the case of the agencies, information on the <u>most immediate</u> service plan to be implemented on the client's behalf.

The Caseworker Log requested aggregate information on the social worker's or agency's total caseload of homeless persons. The main emphasis was on baseline data regarding homeless families and children and foster care placement due to homelessness. Completion rates for participating agencies were very high and appear, in table form, as Appendix A.

The data collected on January 22, 1986 will be presented below in a variety of ways. Where comparable, data from the various agencies and shelters will be presented concurrently. However, some emphasis will be given to individual service providers and especially to sub-groups within the homeless population -- children, single parent families, minorities, those with mental health related problems and veterans.

B. Populations Served

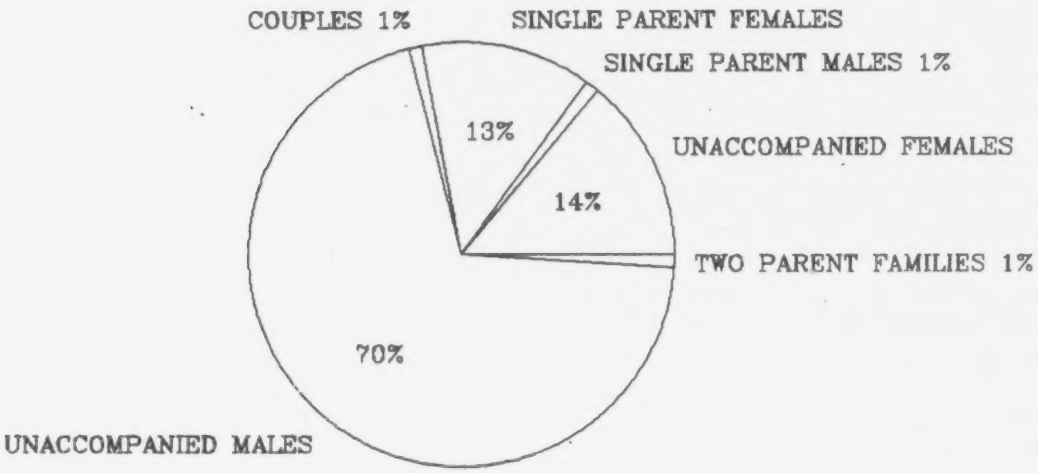
Both the shelters and the agencies were asked to identify the client family units that approached them for shelter or assistance on the day of the study. They were asked to report on the age and race of adults and the sex and age of all accompanying children.

Figure 1 compares the various client family units served by agencies or residing at shelters on January 22, 1986. There were 966 family units residing in those generic and specialized shelters reporting data for January 22. This amounts

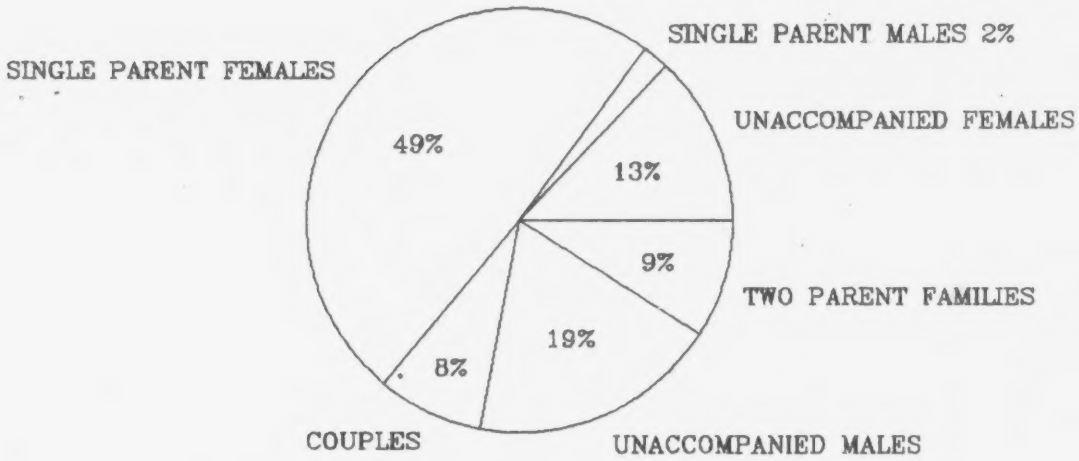
FIGURE 1

CLIENT FAMILY UNITS AT HOMELESS SHELTERS OR SERVED BY AGENCIES

(IN PERCENT)



SHELTERS (N=966) 1.3 PERSONS PER FAMILY UNIT, 1282 PERSONS



AGENCIES (N=306) 2.5 PERSONS PER FAMILY UNIT, 764 PERSONS

to 1.3 persons per family unit; separating out unaccompanied adults from families results in 3.0 persons per family in the shelters. Intake forms for 306 family units were also received from the various agencies representing 2.5 persons per family unit. Again, focusing only on those family units with children brings that rate up to 3.5 persons per family. Despite overlaps in populations served, shelters, for the most part, serve unaccompanied persons (especially males), while agencies and, to a lesser degree, specialized shelters, serve families.

Table 8 underscores these points and focuses in on the individual adults and children served by shelters and agencies. Here, 66% of all shelter users are male, predominantly adult male. In contrast, only 15% of the agency clients are adult males.

Overall, males (adults and children) represent 56% of the total homeless population served by agencies or shelters. There is also a disturbingly large number of single parent, female headed families among the homeless population -- 13% of the family units residing in the shelters.* Even more distressing is the finding that 49% of the family units approaching the agencies for homeless services were single parent families. Sadly, given an apparent lack of other service options among those family units that had children present and approached the agencies on 1/22/86, 14% were referred to emergency shelters.

*Single parent families represent 9% of the generic shelter population, but 37% of those in specialized shelters.

It is clear that single parent, female headed families are now a major sub-group among New Jersey's homeless.

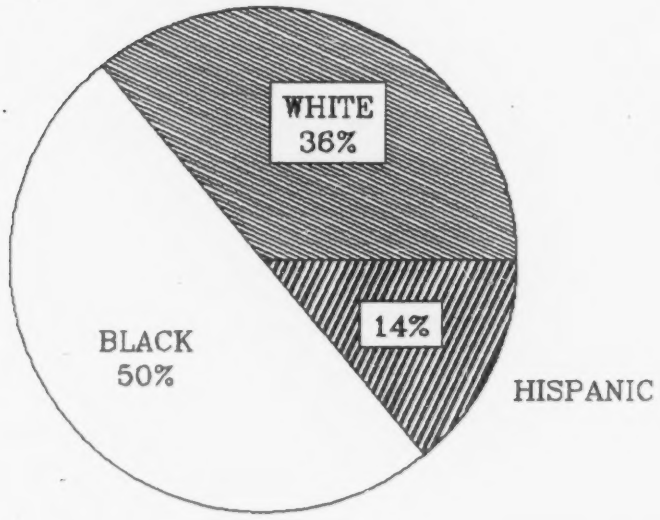
Figure 1A displays the racial composition of all homeless persons residing in shelters or served by agencies on the day of the study. Here, 64% of all shelter residents were non-white, black or hispanic. A majority of those seeking help from the agencies were also non-white. Given that New Jersey's black population stands at about 13%, and hispanics at 7% (New Jersey Department of Labor and Industry, 1981), clearly, both groups are disproportionately overrepresented in the homeless population. Minorities, then also constitute a major sub-group among New Jersey's homeless population.

The average (mean) age of the homeless adults was relatively uniform, centering around people in their mid-30's (see Table 9). In general, for all family types, shelter residents were somewhat older than those seeking assistance from agencies. Adults in one and two-parent family groups were among the younger homeless. Single parent males were the oldest. The average age for children served by agencies was 7 years, compared to five years-old for sheltered homeless children. A majority of all homeless children serviced by agencies and about two-fifths of those in the shelters were less than 5 years-old (55% and 44%, respectively; see Table 10).

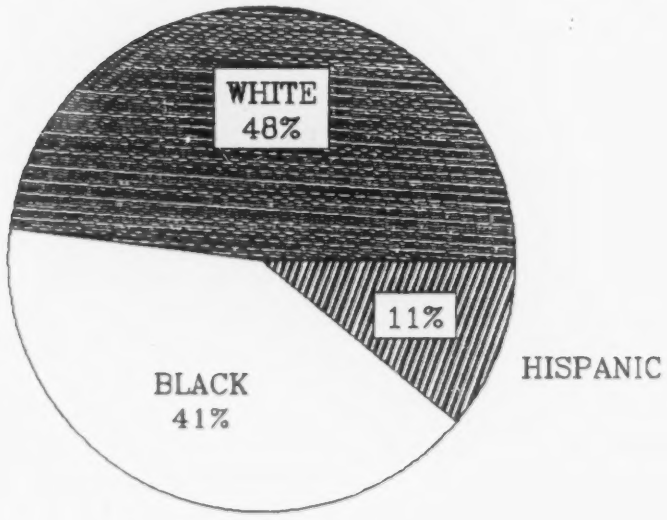
FIGURE 1A

RACE OF PERSONS AT SHELTERS OR SERVED BY AGENCIES

(IN PERCENT)



ALL SHELTERS (N=966)



ALL AGENCIES (N=306)

A summary of adults and children served initially by agencies and shelters on 1/22/86 and of those already on the active caseloads of participating agencies appears as Table 11. The critical finding here is that on January 22, 1986 the majority of homeless persons on DYFS (69%) and CBSS (62%) caseloads or served by agencies (53%) were children. Forty-nine percent of those on the provider caseloads were also children. Again, this takes into account those actually without shelter, those seeking help due to imminent homelessness and those on the caseloads receiving services to address or prevent homelessness. Nevertheless, New Jersey's children must be viewed as a significant sub-grouping among the state's homeless population.

One note of caution: there are overlaps in these data. That is, these individuals were on caseloads and did visit agencies or shelters. However, an unknown number may have been served by more than one of these organizations on that date. For example, the data reveal that approximately 100 persons were referred by the agencies to shelters on 1/22/86, a possible duplication of intake forms that could represent as much as 7.8% of the entire shelter population for that day. Most likely there are other overlaps that cannot be uncovered with the current data sets. Therefore, while it is correct to look at each individual source of data (DYFS caseload, CBSS caseload, etc.) and consider each row independently, it would not be correct to consider the column totals as representing unduplicated counts of individuals

and children. More correctly, column totals should be considered as total social service events provided by all sources. By doing this, it can be said that a minimum of 16,493 service actions to the homeless or imminently homeless occurred on 1/22/86.

Shelter residents and agency clients were asked to identify the last location they came from before seeking help from these organizations. There was some thought that people were either 'migrating' to where social services were available or were being 'shipped' (as a 'social service action') to the larger cities from the suburbs, from the less populous counties and/or from neighboring states. Conversations with shelter operators indicated that such practices were believed to occur; however, as demonstrated in Figure 2, in New Jersey, seeking shelter and services for conditions of homelessness is a decidedly local circumstance.

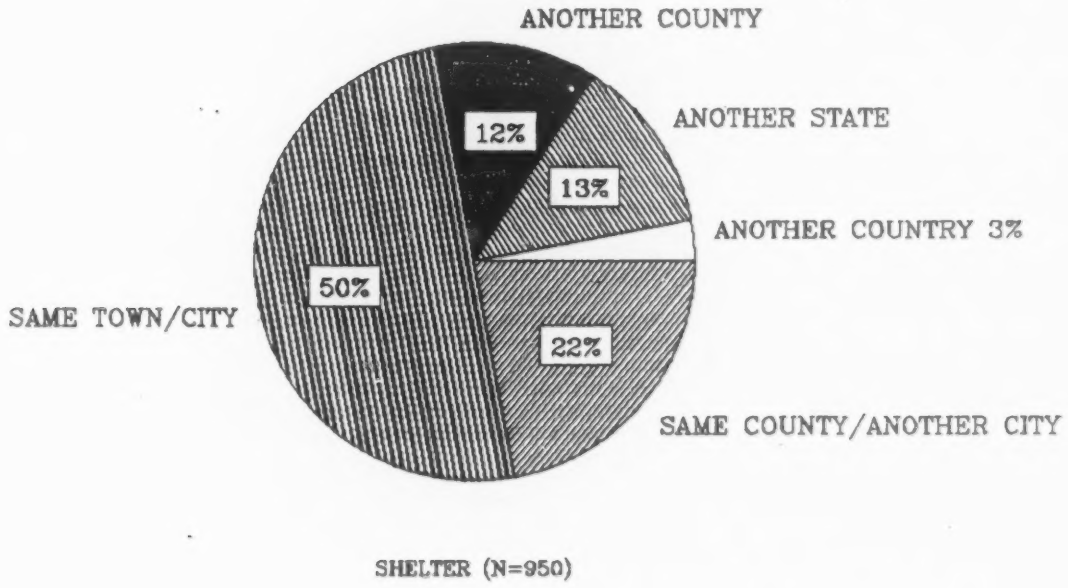
One-half of the shelter residents and approximately two-fifths of the agency clients report coming from the same town or city from which they seek shelter or services. Adding the "from the same county" figure to the city-town percentages above results in 77% of the shelter population and 82% of the agency clients coming from their own county or city.

Focusing in on the shelter residents reveals that the population using the generic shelters is more likely to come from their own town than are those residing in the specialized

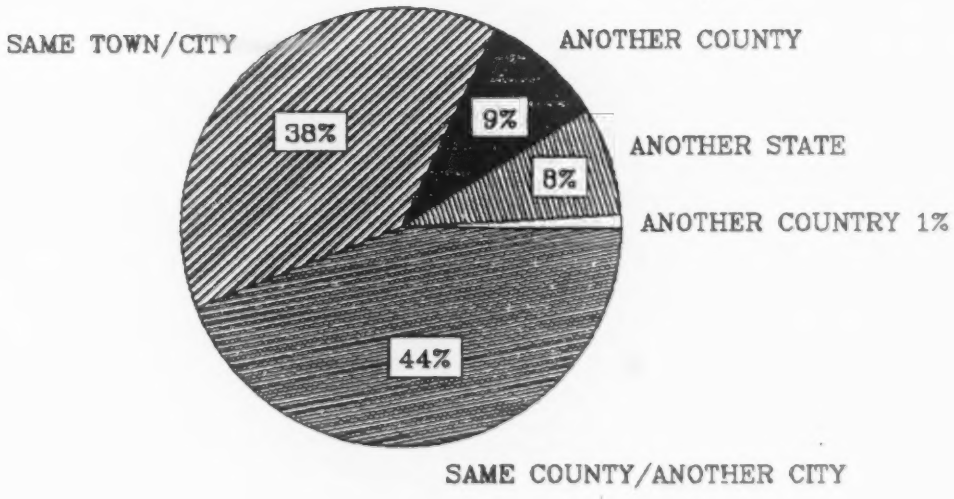
FIGURE 2

LAST LOCATION OF SHELTER RESIDENTS AND AGENCY CLIENTS

(IN PERCENT)



SHELTER (N=950)



AGENCY (N=302)

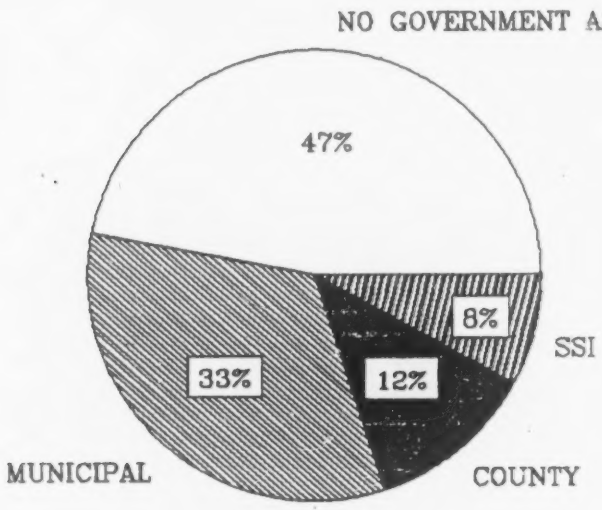
shelters, 54% to 37% respectively. Also, those coming to the shelters from other states or from another country were more likely to be males (17%) as compared to 9% of the female homeless.

These findings on locale are comparable to those reported for New York State in 1984. Here, shelter operators report that 77% of their shelter residents come from the same municipality in which they were being sheltered, with an additional 10% coming from outside the municipality, but from the same county (New York Department of Social Services, 1984).

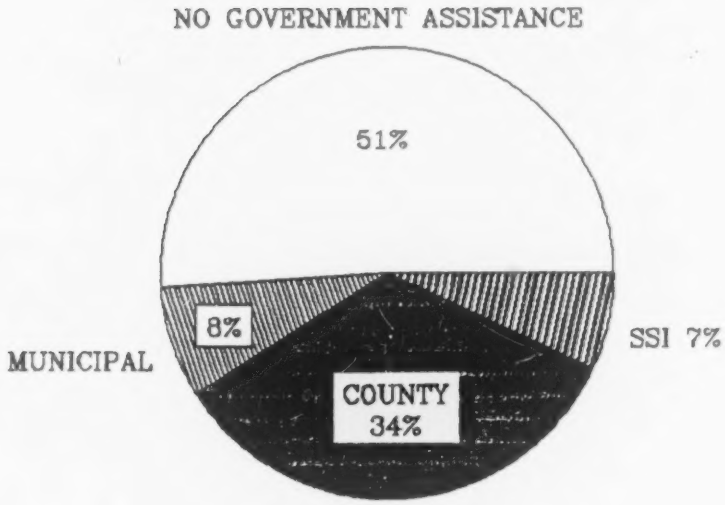
Agency clients and shelter residents were also asked if they were receiving any municipal or county welfare and/or Supplemental Social Security Income (SSI). Their responses appear as Figure 3. A very large number of these agency clients (51%) and shelter residents (47%) reportedly do not receive assistance from any of these sources. One-third of the shelter residents report receiving municipal welfare compared to approximately equal numbers, at the agencies, who are getting county welfare. In Table 12, the focus is on governmental assistance received only by the shelter residents. Here, a greater percentage of emergency shelter residents get municipal welfare, while a larger percentage of those in specialized shelters get county assistance.

FIGURE 3

PERCENT OF SHELTER RESIDENTS AND AGENCY FAMILY UNITS RECEIVING GOVERNMENT ASSISTANCE



SHELTER (N=952)



AGENCY (N=305)

Garrett and Schutt (1986), sampling intake records from a homeless shelter in Boston, also report that few of these shelter residents receive any financial benefits.

It is not clear whether those families and individuals not receiving welfare are ineligible for such assistance, have not been referred to or applied for these sources of aid, and experiencing problems negotiating the social service system or are incapable of, or unwilling to, apply for help. Unfortunately, this phase of the research effort was not designed for such in-depth responses.

Finally, shelter residents only were asked if they, or an accompanying member of their family were veterans of the U.S. military service; one hundred eighty-six persons (19%) were. Given that approximately 12.5% of the total state population are veterans, this population is somewhat over represented in New Jersey's homeless shelters. As such, <u>veterans compose a major sub-group within the state's sheltered homeless population</u>.

Veterans in the shelters are predominantly male (97%), as would be expected; non-white (57%), with an average age of 44 years (making them, on the average, approximately 7 years older than adult males in the general shelter population).

Their top ranked primary reason for homelessness included loss of job/no money for shelter (28%), eviction by a landlord (24%) and eviction by a primary tenant (13%). Compared to the general shelter population they also show slightly higher rates of homelessness primarily due to substance abuse (8% vs. 5%) and when considered as a secondary cause of homelessness, substance abuse is reported for 20% of the veterans compared to 12% of the general shelter population. Across other variables, the veterans parallel the experiences of the other shelter residents.

C. Reasons for Homelessness

Researching existing literature on the causes of homelessness prompted the Federal General Accounting Office (G.A.O.), in 1985, to issue a report entitled Homelessness: A Complex Problem and the Federal Response. The G.A.O. identified "multiple and interrelated" factors that contribute to the condition of homelessness. These include:

- o increased unemployment in the 1970s and early 1980s;
- o deinstitutionalization of mentally ill persons and the lack of available community-based services for them;
- o increases in personal crises such as divorce, release from jail or hospital, traveling, domestic violence, fires and health related problems;
- o cuts in public assistance programs;
- o decline in the low income housing supply. (U.S. General Accounting Office, 1985)

While it is clear that homeless New Jerseyans also confront similar problems, an attempt was made to uncover the most important reasons why persons approached the shelter and agencies for help on 1/22/86.

Therefore, during the intake process homeless persons were asked to pinpoint one, single, most important, reason for being without shelter. Persons were also asked for other, more secondary reasons, for arriving at a condition of homelessness. These primary and secondary reasons for homelessness are analyzed in a variety of ways and are displayed as Figure 4 and as Tables 13 and 14.

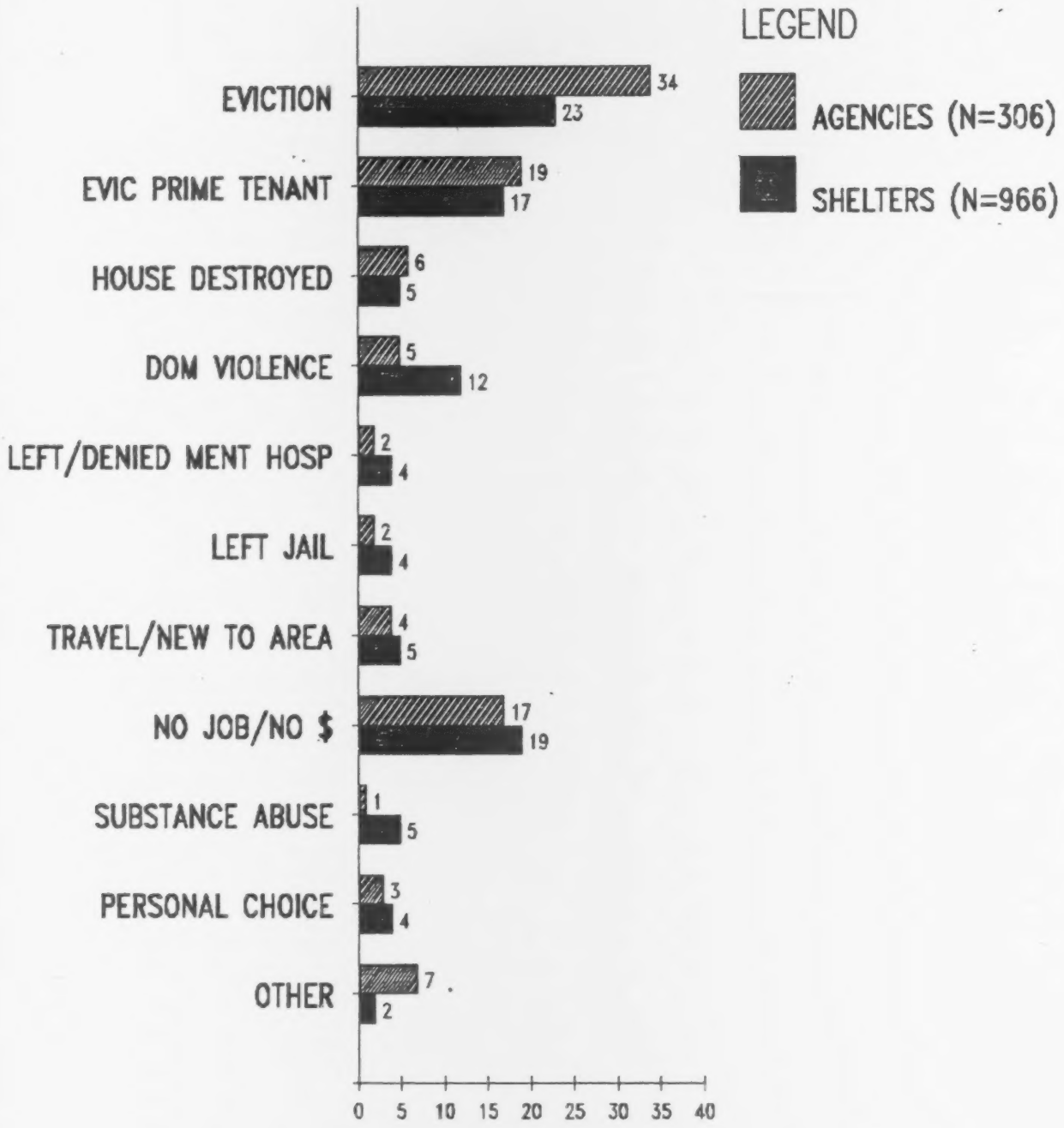
In Figure 4, eviction by a landlord is the single, most important reason for homelessness reported by both agency clients and shelter residents. The next two most important factors are a lack of job/no money for rent, and eviction by another householder they previously lived with (a primary tenant). The latter phenomenon, known as 'doubling-up,' occurs when a homeless person or family is taken in and shares housing with relatives or friends.

Because of the exploratory nature of this research, information regarding the personal, social or economic factors that results in actual eviction was not collected. Many factors can be involved. For example, Seitz and Ziegler (1985), reporting on New Jersey's Homelessness Prevention Program, state that "households receiving public assistance require most, if not all, of their income for housing costs. The inevitable result for many households is eviction for non-payment of rent." They point out that while a typical family of three receives $385 per

FIGURE 4

PRIMARY REASONS FOR HOMELESSNESS

(IN PERCENT)



DUE TO MISSING DATA PERCENT BASED
UPON 239 AGENCY AND 922 SHELTER FAMILY UNITS

month from Aid to Families with Dependent Children (AFDC), "the average fair market rent for a two-bedroom apartment...is $450 per month." Hartman (1986) cites other factors that could result in housing displacement, including:

> undermaintenance and abandonment practices of landlords and building managers that render the housing uninhabitable... accidental or intentional fires (the latter sometimes known as "selling out to the insurance company"); conversion of rental units to condominiums...conversion of residential property to non-residential uses; and demolition of residential property in order to...redevelop it as higher-priced residential quarters.

Added to this are tensions and pressures of over crowding (often as a result of doubling-up) that can lead to eviction by a landlord or primary tenant.

By way of comparison, in New York, in 1984, the "immediate reason" for homelessness among those in emergency shelters was also eviction (60%). More, thirty-seven percent of the total shelter population had been doubled-up and had not been able to remain in that living situation (New York Department of Social Services, 1984).

Finally, in New Jersey domestic violence ranked high among primary reasons for homelessness, especially because of the number of persons residing at specialized shelters established for this purpose.

In Table 13, the top-ranked primary reasons for homelessness are broken down by family type residing at shelters or agencies. Here, the eviction problem is graphically displayed as both

families and adults approach agencies and shelters in relatively large numbers. Economic factors related to joblessness and not having any money for shelter also affects a large number of the agency clients and shelter residents.

The interconnections between eviction, economic difficulties and marginal government financial assistance are even more apparent when considering eviction in relation to secondary reasons for homelessness. For example, in Table 14, one-fifth of all made homeless by eviction also point to a loss of job as a secondary reason for their condition; 27% point to having no money for rent. Forty-three percent of the evicted homeless approaching agencies also report this as a secondary reason for homelessness. Note that 60% of the evicted who reside in shelters and 48% of the evicted at the agencies receive SSI or some form of municipal or county welfare. The fact that large numbers of these homeless <u>already</u> receive these forms of government assistance strongly reinforces the theme that such forms of cash assistance alone -- at their current levels -- are insufficient to assure that <u>individuals and families meet basic shelter needs</u>.

It is also interesting that approximately 80% of evicted clients and residents come to the shelters or agencies from their own local areas, either county or town. The fact that about one-fifth to one-third of these evicted homeless were in an

emergency shelter within the last year points to a cyclic and chronic condition that has not been alleviated despite apparent community and agency assistance and governmental financial assistance.

Finally, the homeless evicted are basically non-white and predominately under age 40. As would be expected, unaccompanied evicted adults are more prevalent in the shelters; although evicted children are involved in 15% of the client family units residing at the shelters. Approximately 71% of the evicted family units seeking help from agencies also had children present.

D. Mental Health and Homelessness

During the intake procedure, shelter residents and clients were asked if they had been:

- institutionalized for mental health reasons within the last year;
- using medication for any nervous, emotional or mental problem; and/or
- using a Community Mental Health Service within the last year.

These questions on mental health factors were asked given the continuing debate over the origins of homelessness, especially the impact of deinstitutionalization (Appleby and Desai, 1985; Bassuk, Rubin and Lauriat, 1984; Lamb, 1984), and changing social policies that impact on institutionalization (Bachrach, 1978; Pepper, Kirshner and Ryglewicz, 1981).

Advocates for the homeless have asserted, on the basis of information provided by organizations throughout the country, that "between one-third and one-half of all homeless people in America are ex-mental patients" (Hombs and Snyder, 1982). Frazier (1985), and especially Robertson (1986), cite several studies that support these figures. The latter presents data regarding self-reported history of psychiatric hospitalization among homeless adults from studies conducted in fourteen different cities. The percentage hospitalized ranges from 17 to 42%.

In New Jersey, 10% of all family units at the shelters on 1/22/86 report that they, or a member of the family, have been institutionalized for mental health reasons within the last year. Five percent of those visiting the agencies also give this self-report (See Table 15).

Somewhat higher numbers reportedly use medication for nervous, emotional or mental problems (16% at the shelters, 11% visiting the agencies). However, 21% of the sheltered family units report use of a Community Mental Health Center within the last year. Also, referring back to Figure 4, 4% of those utilizing the shelters report discharge from, or denial of admission to, a mental institution as their primary reason for homelessness. Another 4% cited these as secondary reasons for homelessness. These self-reports of mental health related

problems seemed a bit low given findings from other states. One possible explanation may be applied from a study conducted by Garrett (1986) which compared self-reports from shelter intake forms to matched nursing records. This comparison demonstrated a significant amount of underreporting of psychiatric problems on the intake forms.

In addition, somewhat conflicting information provided by New Jersey's shelter operators indicated that an average of 20% of all shelter residents were New Jersey Division of Mental Health and Hospitals' clients (see Table 2).

In order to get a more complete overview of mental health related factors existent among shelter residents, all mental health variables were entered into a multiple response matrix (see Appendix B) and then crosstabulated with selected demographic variables. The results of these transformations are presented as Tables 16-18.

In Table 16, six mental health variables are grouped into a new variable called 'mental health related factors.' This new variable represents 279 of the family units residing at the shelters. Because shelter residents could respond to one or more of the individual mental health variables, a total of 525 responses were recorded from these family units. The critical

finding here is that 29% of all family units residing at the shelters on the day of the study report one or more mental health related factors affecting an individual or an accompanying family member.

It is also interesting to note that within this population of 279 cases approximately 36% were institutionalized for mental health reasons within the last year, more than half are using medication for mental health related reasons and almost three-quarters have visited a Community Mental Health Center within the last year.

Table 17 compares the population of shelter residents that did not report any mental health related factors to those family units reporting mental health factors. Here, the percentage of males and non-whites is the predominant population among both groups; however, the number of women and whites is somewhat greater among the group that expresses some mental health related factors. The most important differences are in the percentages of shelter residents that were in an emergency shelter within the last year, and also for those receiving Municipal/County welfare or SSI. Less than one-third of those who did not report a mental health factor had been in an emergency shelter within the last year, compared to 48% of those reporting mental health related factors.

Subjecting these data to greater scrutiny leads to even more important insights about this population. In Table 18, four of the major mental health variables are individually crosstabulated with other selected demographic and categorical variables. Within the population whose primary reason for homelessness was deinstitutionalization or denial of admittance to a mental hospital, the data demonstrate that:

- o virtually all were male, residing in generic shelters; further,
- o very high percentages were from the local or county area and were getting municipal, county welfare or SSI;
- o about three-fifths were non-white; and
- o one-third were in an emergency shelter during the last year, with one-quarter being veterans.

Among the other mental health variables, 'institutionalized in the last year,' 'using medication and visiting CMHC's,' the population generally can be characterized as:

- o residents of generic as opposed to specialized shelters;
- o predominately male, non-white and recently from the immediate locale; and
- o for the most part, receiving municipal, county welfare and/or SSI.

Finally, a fairly large percentage of those institutionalized (55%), those using medication for mental health reasons (44%) and those visiting CMHC's (52%) also report being in an

emergency shelter during the last year. These data complement findings from other states and demonstrate that persons experiencing some mental health related phenomenon make-up a significant portion (about 29%) of New Jersey's homeless.

Again, remembering that homelessness encompasses a multiplicity of factors, those with mental health related problems form a major sub-group among the homeless along with children, female headed families, minorities and veterans.

E. Information from Agency and Private Provider Case Records

The data presented above came from intake forms used by agencies for new homeless clients who approached them on 1/22/86. State and local agencies and private providers were also asked to report aggregate information for other homeless persons already on their active caseloads on that same date. Towards this end, 'caseworker logs' were provided to all DYFS district offices, all County Boards of Social Services, all Municipal Welfare Boards and to all private agencies participating in this research effort. Thus, for the purposes of this portion of the study, homelessness was defined as those on the active caseload that were temporarily or permanently without shelter or were receiving cash or services to prevent a loss of existing shelter.

The number of adults and children on individual public and private provider caseloads is presented as part of Table 11. Tabulating these results demonstrates that on 1/22/86; there were 14,447 homeless persons already on the active caseloads of DYFS, the County Boards of Social Services, municipal welfare boards and private providers; 8,383 (58%) of these were children. Among the children, a small number were either emancipated minors (84) or runaways (72).

At the onset of this study, much concern was expressed over the possibility that large numbers of children from homeless families were being placed in foster care as a response to their predictament. Tomaszewicz (1985), in a study of 690 children placed in foster care between January and September, 1983, reported that homelessness was the single most frequent problem experienced by families with children in foster care. He writes:

> "Forty percent of the families studied were homeless at the time of placement or had experienced homelessness in the 12 to 18 months preceding the placement studied."

With this in mind, DYFS units were asked to report the number of children, on their active caseload, that had to be placed in foster care, due either totally or in part to inadequate housing options. The results are reported, by county, as Table 19.

Here, thirty-three percent of the 3,584 DYFS children identified as homeless were reported as being in foster care. There was extreme variation in placement from county to county. The impact this has on the already overburdened foster care system is dramatically displayed as Table 20, which compares the total number of children in foster care in January, 1986 to those placed by reason of homelessness. Here, 18% of the entire DYFS foster care caseload for January, 1986 reflected those placed, either totally or partially due to homelessness.

Certainly, other factors may have been involved in the decision to place homeless children in foster care; factors beyond the scope of this research. Nevertheless, the fact remains that homelessness was an important variable in the decision to have those children placed away from their families.

According to the DYFS Budget Office, the average monthly cost for a child in foster care placement is $262. This money is used to purchase board, clothing and various non-medical related items and services. It does not include administrative costs related to case management and supervision. Multiplying this conservative figure by the 1,187 children placed into foster care partially or totally due to inadequate housing options amounts to $311,000 for the month of January alone -- or some $3.7 million annually.

III. Conclusions

The renowned Sociologist, C. Wright Mills (1959) suggested that those studying social problems make a distinction between "personal troubles" of environment and "public issues of the social structure." He defined personal troubles as individual occurances having to do with one's personal biography, character and relations with significant others, with those areas of social life that are within the scope of one's immediate environment. A personal trouble, simply, is a private matter.

He defined public issues as those concerns that go beyond immediate environment and personal make-up. These are structural issues that have to do with the nature and character of society as a whole. Public issues not only dominate social forces in the society at large, but impact on individuals as well. These are macro-level public concerns that affect, intersect, one might argue cause, the personal troubles of individual men and women. Problems and troubles that the ordinary individual will not be able to resolve.

By way of example, Mills cites unemployment. If one person in a society is unemployed, that is a personal trouble. Society looks to the individual, his character, skills and ingenuity for a resolution to this problem. But, if unemployment is massive, the problem is not merely corrected by the character or personal actions of individuals acting alone; it is, by its very nature, a public issue whose solution requires a public response.

Homelessness, when it was recognized only as the personal trouble of alcoholic men, primarily attracted the attention and concern of social scientists and urban missionaries. Individuals were to blame for choosing a skid-row lifestyle and the accouterments of alcoholism, poverty and disease. The "Bowery" and similar locales were distinct, established enclaves of the disaffiliated and the disenfranchised. These could not be assimiliated, but they could be tolerated. In many ways they formed a community, a culture of aged, prodigal sons encouraged, but not really expected, to pull themselves up by their second-hand, salvation army bootstraps. Their individual misery was our concern but not our problem. The abundant, albeit substandard, supply of single room occupancy (SRO) housing kept them out of sight and more easily out of the public mind.

It is no longer possible to view homelessness in this way. Homelessness today is no longer just an individual or family problem, if it ever was. It is truly a problem of the social structure. It is truly a public issue that individuals cannot be expected to resolve. It cannot be "wished" away; nor, as if by wizardry, will it disappear. Indeed, as the growing number of emergency shelters indicate, it is increasing, becoming a defining characteristic of this era. It is a public issue whose victims now cry for, but if not soon sated, will most assuredly demand, increased governmental intervention. By inches and rows, homeless people and their advocates are organizing around their demands.

Groups like the "New Jersey Coalition for the Homeless" and "Right to Housing," among others, have entered the political arena by filing lawsuits against the State, launching petition drives calling for increases in Aid to Families with Dependent Children (AFDC) and General Assistance and, in some cases, conducting acts of civil disobedience.

Case in point: New Brunswick. When the Ozanam shelter, operated by Catholic Charities, was closed early in the summer of 1986 due to lack of funds, the homeless residents and members of Right to Housing opened a "tent city" on the grounds of a city park and were arrested (Masucci and McDermott, 1986). They also held a demonstration on the grounds of the world headquarters of Johnson and Johnson. Again, they were arrested for trespass (McDermott, 1986a). In late June, Mitch Snyder, perhaps the nation's most powerful voice in the cause of the homeless, spoke at a rally on the steps of the New Brunswick City Hall. Within a week, an announcement was made that Ozanam Shelter would be reopened, using available State funds (McDermott, 1986b). Such actions are likely to increase as the victims of homelessness grow more impatient and desperate.

The crisis of homelessness may be viewed as the paradoxical result of the crisis of prosperity aligned with the crisis of caring that is endemic in our time. That those who suffer this trilogy of anquish require creative governmental intervention is a conclusion that is straightforward, simple and clear.

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TABLE 1

OVERVIEW OF SHELTER OPERATIONS

Variables	All Shelters (N=35)	Generic N=18	Specialized N=17
Open Year Round	31	15	16
Open 24 Hours	28	12	16
# Shelter Overnight	1472 ($\bar{x}$=43)	1182 ($\bar{x}$=65)	290 ($\bar{x}$=19)
Total Sheltered 1984*	24,972	20,463	4,509
Total Sheltered 1985*	61,121	57,102	4,019
x# Days at Capacity 1985	152	164	137
Turn People Away? Lack of Space	2,645	921	1,724
Inappropriate Referral	1,145	207	938
Other Reason	663	537	126
Shelter Staff			
Full Time	276	137	139
Part Time	187	83	104
Volunteers	402	257	145
(Bi-lingual Staff)	29	14	15

*This is an aggregate number that more accurately reflects person-nights of shelter. It is not an unduplicated count of individuals serviced by these shelters. Some individuals/families are forced to return and are often counted more than once. Some shelters maintain a relatively stable population that is discharged from the shelter each day, returning again at night.

- The survey was conducted approximately 300 days into 1985; also some are not open throughout the entire year.

TABLE 2

OVERVIEW OF SHELTER CLIENTS SERVED AND EXCLUDED BY SHELTER TYPE

Variables	All Shelters (N=35)	Generic (N=18)	Specialized (N=17)
Single Men	14	10	4
Single Women	22	10	12
Single Parent Families	20	10	10
Two-Parent Families	10	8	2
Unaccompanied Minors	3	0	3
DYFS Clients (Median %)	17	17	18
DMHH Clients (Median %)	5	20	2
Persons Normally Excluded			
Behave Violently	33	18	15
Under Influence of Drugs	26	15	11
Under Influence of Alcohol	26	15	11
Mentally Disabled	16	7	9
Physically Disabled	12	6	6
Repeatedly Use Shelter	7	5	2
From Out-of-Town	2	1	1
Parolees	2	0	2
No One	2	1	1

TABLE 3

ALL SHELTERS: PERCENTAGE OF FUNDING
FROM VARIOUS SOURCES

N=35*

	FEMA/Jobs Bill	Other Federal	State Govt.	County Govt.	Muni. Govt.	Churches	United Way	Other Charities	Client Fees	In-Kind Contr.	Other Sources
0%	25	24	13	12	24	25	15	23	24	29	12
1-20%	4	2	2	14	6	10	13	7	8	3	13
21-40%	1	4	5	5	1	0	4	1	0	0	1
41-60%	0	1	5	1	0	0	0	0	0	0	2
61-80%	2	1	4	0	0	0	0	1	0	0	1
80-100%	0	0	3	0	1	0	0	0	0	0	1

*Column numbers do not add up to 35 due to missing data.

Table 4

All Shelters: Number of Shelters Receiving Referrals from Various Sources, by Percentage of Referrals from that Source

% Referrals	CBSS	Police	Local Gov't Agency	State Agency	Private Agency Religious	Self Referral	24-Hour Hot Line
None	10	6	12	16	3	5	16
1-20%	13	24	15	10	22	10	15
21-40%	6	1	3	4	4	4	1
41-60%	1	0	1	0	0	5	0
61-80%	1	0	0	1	0	3	0
81-100%	0	0	0	0	2	3	1
Missing	4	4	4	4	4	5	4

Table 5

All Shelters: The Provision of Services to Homeless Clients in Shelter and by Referral (N = 35)*

	In Shelter	Referral Only	In Shelter & Referral	Not Available
Alcohol Abuse Services/Counseling	6	20	8	1
Budget Counseling	17	8	6	3
Case Management	24	3	5	2
Child Care	13	8	6	8
Provide Clothing	21	7	7	0
Drug Abuse Services	5	21	7	2
Employment Vocational Counseling	7	10	15	3
Housing Services/ Placement	11	5	17	2
Laundry	24	5	6	0
Meals	28	4	3	0
Medical Services	3	4	27	1
Mental Health Counseling/Services	5	15	13	2
Nutritional Counseling	8	10	11	6
Programs for Children	9	5	12	9
Personal Care	18	2	10	5
Recreation	21	2	11	1
Showers	32	0	0	1
Transportation	21	2	11	1
Toiletries	31	0	2	1

* Row totals may not equal 35 due to missing data.

TABLE 6

Median (Average) Percent and Range of All Shelter Residents Incapable, Unwilling or Unable to Follow-up on Shelter Referrals, by Type of Shelter

	Generic (N=12)		Specialized (N=12)	
	% Avg.	% Range	% Avg.	% Range
Not Capable	7.5	0-60	1.5	0-50
Not Willing	20	2-90	10	0-30
Unable: Systems Problems	15	0-50	10	0-85

TABLE 7
ALL SHELTERS THAT MADE REFERRALS TO VARIOUS AGENCIES IN 1985
BY OPINION ON HOW CLIENTS' NEEDS WERE MET

(N=35)

	Made Referrals Yes	Well Met	Barely Met	Not Met At All	Don't Know
Municipal Welfare Boards	31	15	12	2	1
Comm. Mental Health Centers	28	14	9	1	2*
NJ Division of Youth and Family Services	28	15	13	0	0
Local Hospitals/Clinics	28	18	5	1	2
CBSS Income Maintenance	27	18	7	1	0
CBSS Emergency	24	14	5	3	0
Legal Services	25	16	7	0	2
HUD Public Housing	24	3	6	14	0
Medicaid District Offices	19	13	3	0	1
HUD Comm. Develop.	15	3	3	7	0
Local Schools/School Board	16	15	1	0	0
Private-Non Profit	15	14	1	0	0
Area Offices on Aging	15	10	1	1	3
HUD Section 8 Rental Assistance	10	3	2	4	1
NJ Div. of Develop. Disabilities	8	5	2	0	0
State Hospitals	8	2	5	0	1
NJ Dept. of Community Affairs	6	5	1	0	0

*Rows Do Not Add to Total Due to Missing Data.

TABLE 8

Adults and Children Served by Agencies and Shelters, by Sex

	All Shelters	%	All Agencies	%
Total Adult Males	700	54	116	15
Total Adult Females	281	22	242	32
Total Boys	149	12	186	25
Total Girls	112	9	209	27
Missing	40	3	6	1
TOTAL	1282	100%	764	100%

Note: 77% of all residents of generic shelters were male; the majority (55%) of those at specialized shelters were female.

TABLE 9

Average (Mean) Age of Homeless Persons
by Client Family Units

Client Type*	Average Age Agencies	Average Age Shelters
Unaccompanied Males	36.5	36.9
Unaccompanied Females	34.4	37.1
Male in Couple	35.1	38.9
Female in Couple	33.8	36.9
Male, 2 Parent Family	31.2	31.9
Female, 2 Parent Family	28.5	30.0
Female, 1 Parent Family	29.7	29.0
Male, 1 Parent Family	37.4	43.8

*Age range, males (including non-accompanied children):
Shelters, 12-84; Agencies, 17-77.
Age range, females (including non-accompanied children):
Shelters, 11-75; Agencies, 16-80.

Table 10

Ages of Children in Shelters or in Families Serviced by Agencies on 1/22/86*
(N=707)

Age+	All Shelters		All Agencies	
	N	%	N	%
<6	165	55	175	44
6-10	62	21	101	25
11-15	54	18	81	21
16-18	15	5	32	8
+19	4	1	9	2
Missing	1		8	
	301	100	406	100

* Does not include children on caseloads, only those new to the agencies on 1/22/86.

+ Average age of children in shelters was 5.4 years; in agencies, 7.2 years.

Table 11

Homeless or Imminently Homeless Persons
on Active Caseloads, Sheltered or Served by an Agency
on 1/22/86.

DATA SOURCE	Total Persons (Adults and Children)	Total Children	% Children to Adults
DYFS (Caseload)	5175	3584	69%
CBSS (Caseload)	5962	3716	62%
MWB (Caseload) +	1108	22	2%
Providers (Caseload)	2202	1076	49%
All Agencies (Intakes)	764	406	53%
All Shelters	1282	301	23%
TOTAL	16,493	9,105	55%

*These may not be unduplicated counts, as persons on a caseload may also have been at an agency or at a shelter on that day.

+Generalized across the State based on a 77% completion rate for the random sample. (See Appendix C).

TABLE 12

SHELTER RESIDENTS AND GOVERNMENT ASSISTANCE
BY SHELTER TYPE*

Type Aid	% Generic (N=792)	% Specialized (N=160)
None	46	56
Municipal Welfare	36	16
County Welfare	10	23
SSI	8	5
TOTAL	100%	100%

* Percent based on client family type, not individuals.

TABLE 13

Rank Order of the Three Most Often Reported Primary Reasons for Homelessness for Unaccompanied Adults and Families with Children, in Shelters and Agencies*

	N	% Landlord/ Pri. Tenant Eviction	% No Job	% Domestic Violence
Adults, Shelters	(781)	40	22	7
Families, Shelters	(139)	37	4	42
Adults, Agencies	(114)	40	21	4
Families, Agencies	(179)	61	14	5

*Some persons or families at agencies may have also been at shelters on January 22.

TABLE 14

Economic and Social Overview of Those Homeless Primarily Because of Eviction by a Landlord or by a Primary Tenant

	% Shelters (N=368)	% Agencies (N=154)
Secondary Reason: Loss of Job	21%	17%
Secondary Reason: No Money for Rent	27%	43%
Receive Municipal or County Welfare or SSI	60%	48%
Last Location: Own County or Own Town	79%	84%
In Emergency Shelter within Last Year	35%	17%
A Family, Children Present	15%	71%
Race: Non-White	67%	56%
Age <40	66%	83%

TABLE 15

Shelter Residents and Clients Served by Agencies:
Mental Health History

	% Shelter (All Family Types) (N=966)	% Agency (All Family Types) (N=306)
Institutionalized for Mental Health Reason within the Last Year	10	5
Using Medication for Nervous, Emotional or Mental Problems	16	11
Made Use of Community Mental Health Services within the Last Year	21	8

* Columns do not add due to multiple response.

Table 16:

Shelter Residents
Mental Health Variables Grouped in a Multiple Response Creating the New Variable, "Mental Health Related Factors"

Variables	Count	Responses (N=525)	% of Cases (Family Units) (N=279)
Primary: Deinstitutionalization/ No Admit to Mental Hospital	34	6.5	12.2
Secondary: Discharged: Mental Hospital	24	4.6	8.6
Secondary: Denied Admit to Mental Hospital	12	2.3	4.3
Institutionalized: Last Year	100	19.0	35.8
Using Medication: Mental	154	29.3	55.2
Visit CMHC: Last Year	201	38.3	72.0
TOTAL RESPONSES	525	100.0	188.2

Table 17

Comparison of Shelter Residents that Report Mental Health-Related Factors with Those That Do Not, by Selected Variables

	% Those Not Expressing a Mental Health Factor (N=681)	% Those with Mental Health Factors (N=279)
Males	72	68
Non-Whites	67	58
In Emergency Shelter in Last Year	31	48
In Generic Shelter on 1/22/86	82	88
Gets Government Money*	47	67

Note: Mental Health Related Factors = Mental Health variables including primary or secondary reason for eviction, history of institutionalization, of using medication and visiting a CMHC during the last year.

29% of all family units expressed a Mental Health related factor or factors.

* Municipal or County Welfare or SSI.

TABLE 18

Individual Mental-Health Related Factors
by Selected Variables

	% Primary Deinstitutionalization/ No Admit (N=34)	% Institutionalized Within Last Year (N=100)	% Using Medication Mental (N=154)	% Visit CMHC (N=201)
Male	97	65	68	63
Non White	59	61	66	57
Came from Local/County	83	78	77	80
In Emergency Shelter in Last Year	35	55	44	52
In Generic Shelter on 1/22/86	94	89	92	88
Gets Government Money*	79	73	72	69
Veterans	24	20	17	18

* Municipal or County Welfare or SSI

Table 19

DYFS CASELOAD

Children Identified as Homeless or Served to Prevent Homelessness on Active DYFS Caseload on 1/22/86 by County and Number Placed in Foster Care

COUNTY	Total Homeless Children	Children Placed in Foster Care	% Homeless Children in Foster Care
Atlantic	129	71	55%
Bergen	15	9	60%
Burlington	124	31	25%
Camden	110	65	59%
Cape May	9	0	0%
Cumberland	13	7	54%
Essex	881	330	38%
Gloucester	48	17	35%
Hudson	478	56	12%
Hunterdon	53	5	9%
Mercer	125	71	57%
Middlesex	308	50	16%
Morris	43	15	35%
Monmouth	531	219	41%
Ocean	43	15	35%
Passaic	165	52	32%
Salem	26	16	62%
Somerset	20	0	0%
Sussex	49	19	39%
Union	403	131	33%
Warren	11	8	73%
TOTAL	3584	1187	33%

TABLE 20

NUMBER OF CHILDREN PLACED IN FOSTER CARE TOTALLY OR PARTIALLY DUE TO INADEQUATE HOUSING OPTIONS BY ALL CHILDREN ON JANUARY 1986 DYFS FOSTER CARE CASELOAD

COUNTY	Total Children in Foster Care (DYFS Statistical Caseload Activity Report January, 1986)	Homeless Children in Foster Care (From January 22, 1986 Study)	Percent of Homeless Children on DYFS Foster Caseload
Atlantic	169	71	42%
Bergen	113	9	8%
Burlington	199	31	16%
Camden	427	65	15%
Cape May	59	0	0%
Cumberland	218	7	3%
Essex	3225	330	10%
Gloucester	115	17	15%
Hudson	271	56	21%
Hunterdon	23	5	22%
Mercer	270	71	26%
Middlesex	230	50	22%
Morris	76	15	20%
Monmouth	426	219	51%
Ocean	205	15	7%
Passaic	239	52	22%
Salem	89	16	18%
Somerset	29	0	0%
Sussex	82	19	23%
Union	270	131	49%
Warren	55	8	15%
TOTAL	6790	1187	18%

APPENDIX A

January 22, 1986 Survey of Agencies and Shelters:
Participants, Respondents and Completion Rates

Agencies	# in Survey	# Responding	% Completion Rate
Generic Shelters	34	26	76
Specialized Shelters	21	19	90
DYFS Units	40	40	100
County Boards of Social Services	21	21	100
Private Providers	42	33	79
Municipal Welfare	70	54	77
TOTAL	228	193	85

APPENDIX B

Matrix of 525 Responses to Mental Health Related Variables
Used to Create the Variable "Mental Health Related Factors"

	% Primary (N=34)	% Secondary (N=36)	% Institutionalized (N=100)	% Using Meds. (N=154)	% Visit CMHC (N=201)
Primary	100	18	22	12	11
Secondary	18	100	16	13	11
Institutionalized	65	46	100	44	38
Using Meds.	56	57	68	100	50
Visit CMHC	67	63	77	66	100

Appendix C

Overview of MWB Sample and Participation in January 22, 1986 Study

COUNTY	# MWB in Sample	# Responding	# Submitted Logs*	# Submitted Intake Forms@
Atlantic	3	1	1	0
Bergen	7	1	1	0
Burlington	4	2	0	0
Camden	5	3	0	1
Cape May	2	2	1	0
Cumberland	1	0	0	0
Essex	4	3	2	2
Gloucester	3	3	0	0
Hudson	3	2	0	0
Hunterdon	3	3	0	0
Mercer	3	3	2	0
Middlesex	3	3	2	1
Morris	4	3	2	2
Monmouth	6	5	0	1
Ocean	4	4	3	0
Passaic	2	1	0	0
Salem	2	1	0	0
Somerset	3	3	0	0
Sussex	3	3	0	0
Union	3	2	0	1
Warren	2	2	0	0
TOTAL	70	54+(77%)	14	8

* 14 agencies submitted 22 caseworker logs
@ 8 agencies submitted 12 intake forms
\+ does not add to total due to 54 agencies submitting either logs or intakes or submitting both forms

Comment: Random sample chosen based on the number of clients served in July 1985 as reported by 461 MWBs.
- The four largest MWBs (Newark, Jersey City, Camden and Trenton, representing 61% of the total MWB caseload, were automatically selected.
o 66 other MWBs were chosen randomly to represent the smaller MWBs from the remainder of the state.
- 370 individuals were reported as seeking services on 1/22/86. This total, broken down by largest and smallest MWBs, resulted in the generalized figure of approximately 1,100 homeless persons serviced statewide.
- By way of summary, the larger MWBs served one-third of the generalized total of homeless persons.
- The smaller MWBs served two-thirds.